

O I P E
M A R 2 5 2005
P A T E N T
T R A D E M A R K & C O P Y R I G H T
S E C T I O N

AMENDMENT TRANSMITTAL

PATENT

Application No.: 10/010,994
Filing Date: 11/12/2001
First Named Inventor Osborne
Examiner's Name: Inoa, Midys
Art Unit: 2188
Attorney Docket No.: 42390.P12472

- An Amendment After Final Action (37 CFR 1.116) is attached and applicant(s) request expedited action.
 Charge any fee not covered by any check submitted to Deposit Account No. 02-2666.
 Applicant(s) hereby request and authorize the U.S. Patent and Trademark Office to (1) treat any concurrent or future reply that requires a petition for extension of time as incorporating a petition for extension of time for the appropriate length of time and (2) charge all required fees, including extension of time fees and fees under 37 CFR 1.16 and 1.17, for any concurrent or future reply to Deposit Account No. 02-2666.
 Applicant(s) claim small entity status (37 CFR 1.27).

ATTACHMENTS

- Preliminary Amendment
 Amendment/Response with respect to Office Action
 Amendment/Response After Final Action (37 CFR 1.116) (reminder: consider filing a Notice of Appeal)
 Notice of Appeal
 RCE (Request for Continued Examination)
 Supplemental Declaration
 Terminal Disclaimer (reminder: if executed by an attorney, the attorney must be properly of record)
 Information Disclosure Statement (IDS)
 Copies of IDS citations
 Petition for Extension of Time
 Fee Transmittal Document (that includes a fee calculation based on the type and number of claims)
 Cross-Reference to Related Application(s)
 Certified Copy of Priority Document
 Other: _____
 Other: _____
 Checks
 Postcard (Return Receipt)

SUBMITTED BY:

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TYPED OR PRINTED NAME: Arlen M. Hartounian

SIGNATURE: 

REG. NO.: 52997

DATE: 3/21/05

ADDRESS: 12400 Wilshire Boulevard, Seventh Floor

Los Angeles, California 90025

TELEPHONE NO.: (408) 720-8300

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (if applicable)

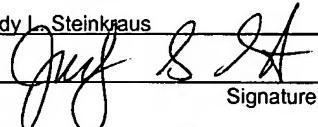
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria Virginia 22313-1450 on 03/21/2005

Date of Deposit

Judy L. Steinkraus

Name of Person Mailing Correspondence

03/21/2005


Signature

Date

Express Mail Label No. (if applicable):

(10/14/03)

Send to: COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, Virginia 22313-1450



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Judy L. Steinkraus

08/21/2005

Application No.: 10/010,994 Filing Date: 11/12/2001 Docket No.: 42390.P12472
Date Mailed: 03/21/2005 (Mon.) Due Date: 03/19/2005 Atty/Sec: MJM AMH jxs
Client: INTEL CORPORATION

Title: METHOD AND APPARATUS FOR READ LAUNCH OPTIMIZATION IN MEMORY INTERCONNECT

First Named Inventor: Osborne

The following has been received in the U.S.P.T.O. on the date stamped hereon:

Transmittal Letters & Certificate of Mailing

- Transmittal Letter
- Fee Transmittal (original & copy)
- RCE (Request for Continued Examination)
- Transmittal of Formal Drawings
- Issue Fee Transmittal (original & copy)
- Certificate of Mailing
- Express Mail No.:

Missing Parts, Formal Papers

- Response to Notice of Missing Parts
Assignment & Cover sheet (pgs.)
- Declaration & POA (pgs.)

Amendment / Response

- Amendment/Response (12 pgs.)
- Examiner's Interview Summary
- Other: _____

Petitions & Appeals

- Petition for Extension of Time: two months
- Notice of Appeal
- Appeal Brief & two copies (pgs. each)
- Reply Brief (pgs.)

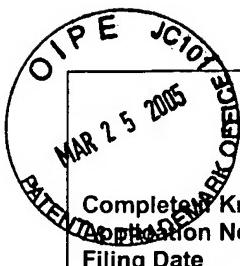
Other

- Information Disclosure Statement & PTO/SB/08
(pgs.) (previously 1449)
- Terminal Disclaimer
- Request to Publish (Rescind NonPublication)
- Drawings: sheets, figures

X Postcard

Checks

- Check No. 71128 Amount \$450.00
- Check No. 71129 Amount \$790.00



FEE TRANSMITTAL FOR FY 2005

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

TOTAL AMOUNT OF PAYMENT (\$) 1240.00

Completely Known:

Application No. 10/010,994

Filing Date 11/12/2001

First Named Inventor Osborne

Examiner Name Inoa, Midys

Art Unit 2188

Attorney Docket No. 42390.P12472

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

Checks Credit Card Money Order None Other (please identify)

Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: _____

The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

Charge fee(s) indicated below except for the filing fee

Credit any overpayments.

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Large Entity	Small Entity	Fee Description	Fees Paid (\$)
Fee Code	Fee Code	Fee Description	
1011	300	Utility application filing fee	
1111	500	Utility search fee	
1311	200	Utility examination fee	
			1,000/500
1012	200	Design application filing fee	
1112	100	Design search fee	
1312	130	Design examination fee	
			430/215
1013	200	Plant filing fee	
1113	300	Plant search fee	
1313	160	Plant examination fee	
			660/330
1004	300	Reissue filing fee	
1114	500	Reissue search fee	
1314	600	Reissue examination fee	
			1,400/700
1005	200	Provisional application filing fee	

SUBTOTAL (1) \$ _____

2. EXCESS CLAIM FEES

<u>Total Claims</u>	<u>– 20 or HP =</u>	<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fees Paid (\$)</u>
Total Claims _____	– 20 or HP = _____		X _____	= _____
HP = highest number of total claims paid for, if greater than 20				
<u>Independent Claims</u> _____	<u>– 3 or HP =</u> _____		X _____	= _____
HP = highest number of independent claims paid for, if greater than 3				
<u>Multiple Dependent Claims</u> _____			_____	= _____
 <u>Large Entity</u> <u>Small Entity</u>				
<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee Description</u>
<u>Code</u>	<u>(\\$)</u>	<u>Code</u>	<u>(\\$)</u>	
1202	50	2202	25	Each claim over 20
1201	200	2201	100	Each independent claim over 3
1203	360	2203	180	Multiple dependent claims, if not paid
1204	200	2204	100	Reissue: each claim over 20 and more than in the original patent
1205	50	2205	25	Reissue: each independent claim more than in the original patent
SUBTOTAL (2) \$ _____				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each add'l 50 or fraction thereof</u>	<u>Fee from below</u>	<u>Fees paid (\$)</u>
_____	– 100 = _____ / 50 = _____ (round up to whole number)	X _____	_____	_____
 <u>Large Entity</u> <u>Small Entity</u>				
<u>Fee</u>	<u>Fee</u>	<u>Fee Description:</u> Application size fee for each additional group of 50 sheets beyond initial 100 sheets (count spec & drawings except sequences & program listings):		
<u>Code</u>	<u>(\\$)</u>	<u>Code</u>	<u>(\\$)</u>	
1081	250	2081	125	Utility
1082	250	2082	125	Design
1083	250	2083	125	Plant
1084	250	2084	125	Reissue
SUBTOTAL (3) \$ _____				

FEE CALCULATION (continued)**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

<u>Large Entity</u>	<u>Small Entity</u>		<u>Fees Paid (\$)</u>
Fee	Fee	Fee	
Code	(\$)	Code	(\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1100	2503	550
1462	400	1462	400
1463	200	1463	200
1464	130	1464	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1814	130	2814	65
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,370	1454	1,370
			Acceptance of unintentionally delayed claim for priority

Other fee (specify) _____

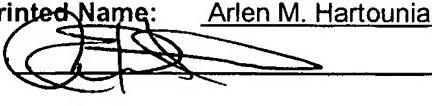
Other fee (specify) _____

SUBTOTAL (4) \$1,240.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Arlen M. Hartounian

Signature: 

Date: 3/21/05

Reg. Number: 52,997

Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450